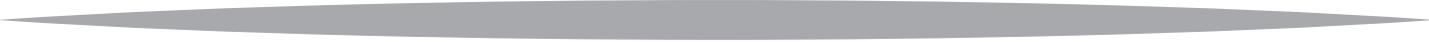


SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL



APPENDIX 5 SCHOOL HEALTH SERVICES PROGRAM REGULATIONS 10 CCR 2505-10, SECTION 8.290

A.5 School Health Services Program Regulations

10 CCR 2505-10, Section 8.290

8.290.1 DEFINITIONS [Eff. 08/30/2008]

Administrative Activities means service coordination, outreach, referral, enrollment and administrative functions that directly support the Medicaid program and are provided by Qualified Personnel or Qualified Health Care Professionals employed by or subcontracting with a Participating District.

Board of Cooperative Education Services (BOCES) means a regional organization that is created when two or more school districts decide they have similar needs that can be met by a shared program. BOCES help school districts save money by providing opportunities to pool resources and share costs.

Care Coordination Plan means a document written by the District that describes how the District coordinates client services across multiple providers to assure effective and efficient access to service delivery and prevent duplication of services.

Case Management Services mean activities that assist the target population in gaining access to needed medical, social, educational and other services.

Disability means a physical or mental impairment that substantially limits one or more major life activities.

District means any BOCES established pursuant to article 5 of title 22, C.R.S., any state educational institution that serves students in kindergarten through twelfth grade including, but not limited to, the Colorado School for the Deaf and the Blind, created in article 80 of title 22, C.R.S., and any public school district organized under the laws of Colorado, except a junior college.

Individualized Education Program (IEP) means a document developed pursuant to the federal Individuals with Disabilities Education Act (IDEA). The IEP guides the delivery of special education supports and services for the student with a disability.

Individualized Family Services Plan (IFSP) means a document developed pursuant to the IDEA. The IFSP guides the delivery of early intervention services provided to infants and toddlers (birth to age 3) who have disabilities, including developmental delays. The IFSP also includes family support services, nutrition services, and case management.

Local Services Plan (LSP) means a document written by the District that describes the types and the costs of services to be provided with the federal funds received as reimbursement for providing School Health Services.

Medicaid Administrative Claiming means a method for a Participating District to claim federal reimbursement for the cost of performing allowable Administrative Activities.

Medically at Risk means a client who has a diagnosable physical or mental condition having a high probability of impairing cognitive, emotional, neurological, social, or physical development.

Medically Necessary service means a benefit service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury or disability and for which there is

no other equally effective or substantially less costly course of treatment suitable for the client's needs.

Participating District means a District that is contracted with the Department of Health Care Policy and Financing (the Department) to provide, and receive funding for School Health Services.

Qualified Health Care Professional means an individual who is registered, certified or licensed by the Department of Regulatory Agencies as a health care professional and who acts within the profession's scope of practice. In the absence of state regulations, a qualified health care professional means an individual who is registered or certified by the relevant national professional health organization.

Qualified Personnel means an individual who meets Colorado Department of Education-recognized certification, licensing, registration, or other comparable requirements of the profession in which they practice.

School Health Service means medical or health-related assistance provided to a client, by Qualified Personnel or Qualified Health Care Professionals; which is required for the diagnosis, treatment, or care of a physical or mental disorder and is recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law.

Specialized Transportation means transportation service necessary to provide a client with access to Medicaid services performed in the school or at another site in the community.

8.290.2 CLIENT ELIGIBILITY [Eff. 08/30/2008]

8.290.2.A. Clients shall be eligible to receive services from Participating Districts if they are:

1. Enrolled in Medicaid,
2. Enrolled with a Participating District;
4. Under the age of 21;
5. Has a Disability or is Medically at Risk; and
6. Receives a referral for School Health Services according to an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

8.290.3 PARTICIPATING DISTRICTS [Eff. 08/30/2008]

8.290.3.A. Contracts may be executed with Districts throughout Colorado that meet the following minimum criteria:

1. Approval of a Local Service Plan (LSP) by the Colorado Department of Education and the Department;
2. An assessment, documented in the LSP, of the health needs of students enrolled in the District; and
3. Evidence, documented in the LSP, of community input on the health services to be delivered to public school students.

8.290.3.B. The Participating District may employ or subcontract with Qualified Personnel or Qualified Health Care Professionals to provide School Health Services or Administrative Activities.

8.290.4 SCHOOL HEALTH SERVICES, BENEFITS AND LIMITATIONS [Eff. 08/30/2008]

8.290.4.A. School Health Services provided by Participating Districts to clients shall be Medically Necessary and prescribed under an IEP or IFSP.

8.290.4.B. School Health Services shall be provided in accordance with the client's individual need and shall not be subject to any arbitrary limitations as to scope, amount or duration.

- 8.290.4.C. School Health Services shall be delivered in the least restrictive environment consistent with the nature of the specific service(s) and the physical and mental condition of the client.
- 8.290.4.D. School Health Services shall not be for academic assessment.
- 8.290.4.E. Except for School Health Services delivered pursuant to the federal Individuals with Disabilities Education Act (IDEA), the Participating District shall not claim reimbursement for School Health Services to clients enrolled in health maintenance organizations that would normally be provided for clients by their health maintenance organization.
- 8.290.4.F. School Health Services shall be performed in a school setting, at the client's home or at another site in the community and may include the following:
1. Physician Services
 - a. Physician services shall be provided by a Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.50(a) or a psychiatrist who meets the requirements of, and in accordance with 42 CFR § 440.60(a) and other applicable state and federal law or regulation.
 - b. Physician services shall be provided with the intent to diagnose, identify or determine the nature and extent of a student's medical or other health related condition.
 - c. Physician services shall be provided only in an individual setting.
 2. Nursing Services
 - a. Nursing services shall be provided by a Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.60(a) and other applicable state and federal law or regulation.
 - b. Nursing services shall be medically based services that are within the scope of the professional practice of a Registered Nurse or Licensed Practical Nurse, provided during a face-to-face encounter and provided on a one-to-one basis.
 - c. Nursing services shall be provided or delegated in accordance with 42 CFR § 440.130(d) and according to the delegation clause in Section 12-38-132, C.R.S. of the Colorado Nurse Practice Act.
 - d. The delegating nurse shall provide all training to the delegate for delegated activities and is solely responsible for determining the required degree of supervision the delegate will need.
 3. Personal Care Services
 - a. Personal Care services shall be provided by Qualified Personnel or a Qualified Health Care Professional in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services required by the client.
 - b. Personal Care services may be a range of human assistance services provided to persons with disabilities and chronic conditions, which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance or cueing so that the person performs the task by him or herself.
 4. Psychological, Counseling and Social Work Services
 - a. Psychological, Counseling and Social Work services shall be performed by:
 - i) A Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.50 or 42 CFR § 440.60(a) and other applicable state and federal law and regulation;
 - b. Psychological, Counseling and Social Work services may be provided as health and behavior interventions to identify the psychological, behavioral, emotional,

- cognitive, and social factors important to the prevention, treatment, or management of physical and mental health problems.
- c. Psychological, Counseling and Social Work services may be provided in an individual or group setting.
5. Orientation, Mobility and Vision Services
 - a. Orientation, Mobility and Vision services shall be provided by a Qualified Health Care Professional in accordance with 42 CFR § 440.130(d) and other applicable state or federal law.
 - b. Orientation, Mobility and Vision services shall be evaluations and training performed to correct or alleviate movement deficiencies created by a loss or lack of vision.
 6. Speech, Language and Hearing Services
 - a. Speech, Language and Hearing services shall be provided by a Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.110(c).
 - b. Speech, Language and Hearing services shall require a referral from a physician or licensed practitioner of the healing arts within the scope of his or her practice under state law.
 - c. Speech, Language and Hearing services may include any necessary supplies and equipment.
 - d. Speech, Language and Hearing services may include direct assistance with the selection, acquisition, training, or use of an assistive technology device (ATD).
 - e. Speech, Language and Hearing services may be provided in an individual or group setting.
 7. Occupational Therapy Services
 - a. Occupational Therapy services shall be provided by a Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.110(b).
 - b. Occupational Therapy services shall require the skills, knowledge and education of an Occupational Therapist Registered (OTR) or Certified Occupational Therapist Assistant (COTA) to provide services.
 - c. Occupational Therapy services shall be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
 - d. Occupational Therapy services may include any necessary supplies and equipment.
 - e. Occupational Therapy services may include direct assistance with the selection, acquisition, training, or use of an assistive technology device (ATD).
 - f. Occupational Therapy services may be provided in an individual or group setting.
 8. Physical Therapy Services
 - a. Physical Therapy services shall be provided by a Qualified Health Care Professional who meets the requirements of, and in accordance with, 42 CFR § 440.110(a).
 - b. Physical Therapy services shall require the skills, knowledge and education of a Colorado Licensed Physical Therapist (PT) as defined in 12-41-103(5) C.R.S. or an appropriately supervised Physical Therapist Assistant (PTA) as defined in 12-41-113(1) C.R.S, to provide services.
 - c. Physical Therapy services shall be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law.
 - d. Physical Therapy services may include any necessary supplies and equipment.
 - e. Physical Therapy services may include direct assistance with the selection, acquisition, training, or use of an assistive technology device (ATD) or orthotic/prosthetic devices.
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- f. Physical Therapy services may be provided in an individual or group setting.
9. Specialized Transportation Services
- a. Specialized Transportation services shall be required on the client's IEP or IFSP.
 - b. Specialized Transportation services shall be provided on the same date of service that a School Health Service, required by the student's IEP or IFSP, is received.
 - c. Specialized Transportation shall be on a specially adapted school bus to and from a client's place of residence and the school or the site of a School Health Service, if the School Health Service is not provided in the school setting.
 - d. Specialized Transportation services shall not be covered on a regular school bus unless an aide for the transported student(s) is present and is required by the student's IEP or IFSP.
 - e. All Specialized Transportation services provided shall be documented in a transportation log.
 - f. Specialized Transportation services shall include services provided by direct service personnel, such as bus drivers and aides, employed or contracted by the school district.
10. Targeted Case Management (TCM) Services
- a. TCM services shall be provided by case managers who shall be Qualified Health Care Professionals or shall meet the qualifications established by the Colorado Department of Education to develop and or implement an IEP, IFSP or services under the IDEA.
 - b. The case manager shall provide TCM services on a one-to-one basis to eligible clients. The case manager shall be the focus for coordinating and overseeing the effectiveness of all providers and programs in responding to the client's assessed needs.
 - c. A client with a Disability or one who is Medically at Risk is eligible for TCM services when he or she receives or is referred for School Health Services according to, an IEP or IFSP.
 - d. TCM services shall identify special health problems and needs that affect the client's ability to learn and assist the client to gain and coordinate access to necessary medical, social, educational, and other services.
 - e. TCM services shall be performed with or on behalf of the client, his or her parent(s) or legal guardian.
 - f. Except as specified in CFR Section 441.18(b), clients eligible for TCM services shall be free to choose their case management providers from among those qualified to participate in Medicaid.
 - g. Clients eligible to receive TCM services shall be given the option to decline Case Management Services.
 - h. A Participating District shall not require that an individual receive TCM services as a condition to receive other Medicaid School Health Services.
 - i. Providers of TCM services shall not serve as gatekeepers under Medicaid. Case managers may not authorize or deny the provision of other School Health Services under the plan for the client.
 - j. TCM services shall include:
 - i) A comprehensive strengths and needs assessment and annual face-to-face reassessment;
 - ii) Service planning that provides an individualized written, comprehensive care plan based on needs identified in the assessment;
 - iii) Referrals and related activities to help the client obtain needed services;
 - iv) Monitoring and follow-up activities necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the client;
 - v) At a minimum, an annual review of the care plan; and
 - vi) The maintenance of case records that document specific information on the TCM services provided to each client, progress of service goals and coordination activities.

- k. TCM services may also include:
 - i) Service coordination and advocacy;
 - ii) Crisis assistance planning; and
 - iii) Contact with individuals who are not eligible for Medicaid when necessary to manage the care of the client who is receiving TCM services.
- l. TCM services shall not include:
 - i) Activities related to the development, annual review and triennial review of IEP or IFSP documents that are the inherent responsibility of the Colorado Department of Education;
 - ii) Activities or interventions specifically designed to only meet the client's educational goals;
 - iii) Transporting or escorting the client to a service to which he or she is referred;
 - iv) The direct delivery of a medical, social, educational or other service to which the client is referred;
 - v) Program activities of the Participating District itself that do not meet the definition of Targeted Case Management;
 - vi) Administrative activities necessary for the operation of the Participating District providing Case Management Services other than the overhead costs directly attributable to Targeted Case Management;
 - vii) Diagnostic, treatment or instructional services, including academic testing;
 - viii) The provision of case management when it is solely part of a client's plan under Section 504 of the Rehabilitation Act;
 - ix) Preparing, scheduling, conducting or attending IEP or IFSP meetings, or any duplicative activities that are components of the administration of the Individuals with Disabilities Education Act;
 - x) Services that are an integral part of another service already reimbursed by Medicaid; or
 - xi) Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing.

8.290.5 COORDINATION OF CARE [Eff. 08/30/2008]

- 8.290.5.A. The Participating District shall coordinate the provision of care with the client's primary health care provider for routine and preventive health care.
- 8.290.5.B. The Participating District shall refer clients to their primary care provider, health maintenance organization or managed care provider for further diagnosis and treatment that may be identified as the result of an Early Periodic Screening, Diagnostic and Treatment (EPSDT) screen or service.
- 8.290.5.C. When the client is receiving Medicaid services from other health care providers and the Participating District, the Participating District shall coordinate medical care with the providers to ensure that service goals are complementary and mutually beneficial to the client or shall show cause as to why coordination did not occur.
- 8.290.5.D. When the client of the targeted population is receiving Case Management Services from another provider agency as the result of being members of other covered targeted groups, the Participating District shall ensure that case management activities are coordinated to avoid unnecessary duplication of Medicaid services.
- 8.290.5.E. The Participating District shall inform a family receiving Case Management Services from more than one provider that the family may choose one lead case manager to facilitate coordination.
- 8.290.5.F. The Participating District shall complete and submit to the Department, for approval, a Care Coordination Plan for the delivery of TCM services. The Participating District shall have a representative group of parents and community-based providers,

including the local public health department, EPSDT case managers and any existing school-based health centers to assist in developing the Care Coordination Plan.

Included in the Care Coordination Plan shall be the provision for coordination of benefits and case management across multiple providers to:

1. Achieve service integration, monitoring, and advocacy;
2. Provide needed medical, social, educational, and other services;
3. Ensure that services effectively compliment one another; and
4. Prevent duplication of Medicaid services.

8.290.6 REIMBURSEMENT [Eff. 08/30/2008]

8.290.6.A. The Participating District shall obtain from the client or the client's guardian a written informed consent to submit Medicaid claims on behalf of the client.

8.290.6.B. The Participating District shall abide by the Third Party Liability rule at 10 C.C.R. 2505-10, Section 8.061.2.23.

8.290.6.C. The Participating District shall participate in a periodic time study based on instructions documented in the Department's School Health Services Program Manual, to determine the percentage of allowable time spent providing Medicaid-claimable School Health Services.

8.290.6.D. Claims Submission and Interim Payment

1. The Participating District shall submit a procedure code specific fee-for-service claim for each School Health Service provided for each client.
2. Interim payment for School Health Services provided shall be reimbursed on a monthly rate. The monthly rate shall be based on the Participating Districts actual, certified costs identified in the Participating Districts most recently filed annual cost report. For a new Participating District, the monthly rate shall be calculated based on historical data.
3. Interim payment shall be tied to claims submission by the Participating District. Claims shall be monitored by the Department and if claim volume decreases significantly or drops to zero in any two consecutive months while school is in session, interim payment shall be withheld until the issue has been resolved.
4. The Participating District shall be notified of the monthly rate each state fiscal year no later than 30 days prior to July 1 of that state fiscal year.
5. The Participating District shall receive the federal share of the rate, not to exceed 100% of the federal match rate, as interim payment.
6. School Health Services provided shall be billed as an encounter or in 15-minute unit increments, in accordance with proper billing practices as defined by the Health Insurance Portability and Accountability Act or by the Healthcare Common Procedure Coding System.
7. Specialized Transportation services shall be billed as one-way trips to and from the destination.
8. Each Participating District submitting claims for reimbursement shall follow proper billing instructions as outlined in the Department's School Health Services Program Manual and in accordance with 10 C.C.R. 2505-10, Section 8.040 and 8.043.

8.290.6.E. Cost Reconciliation and Final Payment

1. Each Participating District shall complete an annual cost report for School Health Services delivered during the previous state fiscal year covering July 1 through June 30. The Cost Report shall:
 - a. Document the Participating District's total Medicaid allowable scope of costs for delivering School Health Services, based on an approved cost allocation methodology; and
 - b. Reconcile the interim payments made to the Participating District to the Medicaid allowable scope of costs, based on an approved cost allocation methodology.
2. Each Participating District shall complete and submit to the Department a cost report on or before October 1 of the fiscal year following the end of the reporting period.
3. All annual cost reports shall be subject to an audit by the Department or its designee.
4. If a Participating District's interim payments exceed the actual, certified costs of providing School Health Services, the Participating District shall return an amount equal to the overpayment.
5. If a Participating District's actual, certified cost of providing School Health Services exceeds the interim payments, the Department will pay the federal share of the difference to the Participating District.
6. Each Participating District shall follow cost-reporting procedures detailed in the Department's School Health Services Program Manual.

8.290.6.F. Certification of Funds

1. The Participating District shall complete a certification of funds statement, included in the cost report, certifying the Participating District's actual, incurred costs and expenditures for providing School Health Services.

8.290.7 MEDICAID ADMINISTRATIVE CLAIMING, BENEFITS AND LIMITATIONS

[Eff. 02/01/2011]

8.290.7.A. Medicaid Administrative Claiming (MAC) shall be performed in a school setting or at another site in the community.

8.290.7.B. MAC services include Administrative Activities and the activities listed in this section 8.290.7.B. Additionally, MAC may include related paperwork, clerical functions or travel by employees or subcontractors which is solely related to and required to perform MAC services:

1. Medicaid Outreach
 - a. Medicaid Outreach shall be activities that inform Medicaid eligible or potentially eligible individuals about Medicaid and how to access the program.
 - b. Medicaid Outreach may only be conducted for populations served by the Participating Districts such as students and their parents or guardians.
2. Facilitating Medicaid Eligibility Determination
 - a. Facilitating Medicaid Eligibility Determination shall be activities that assist individuals in the Medicaid eligibility process.
 - b. Facilitating Medicaid Eligibility Determination may include making referrals for Medicaid eligibility determinations, explaining the eligibility process to

prospective applicants, and providing assistance to individuals or families in completing or collecting documents for the Medicaid application.

3. Translation Related to Medicaid Services
 - a. Translation Related to Medicaid Services are translation services provided solely to assist individuals with access to Medicaid covered services, which services are not included in or paid for as part of a School Health Service. Translation services may be provided by employees of, or subcontractors with Participating Districts.
 - b. Translation Related to Medicaid Services may include arranging for or providing oral or signing translation services that assist individuals with accessing and understanding necessary care or treatment covered by Medicaid or developing associated translation materials.
4. Medical Program Planning, Policy Development and Interagency Coordination
 - a. Medical Program Planning, Policy Development and Interagency Coordination shall be activities associated with the development of strategies to improve the coordination and delivery of Medicaid covered medical, dental or mental health services to school age children.
 - b. Medicaid Program Planning, Policy Development and Interagency Coordination may include performing collaborative activities with other agencies or providers.
5. Medical/Medicaid Related Training and Professional Development
 - a. Medical/Medicaid Related Training and Professional Development shall be activities for outreach staff of Participating Districts that include coordinating, conducting or participating in training events or seminars regarding the benefits of medical or Medicaid related services.
 - b. Medical/Medicaid Related Training and Professional Development may include how to assist individuals or families with accessing medical or Medicaid related services and how to effectively refer students for those services.
6. Referral, Coordination and Monitoring of Medicaid Services
 - a. Referral, Coordination and Monitoring of Medicaid Services shall be activities that include making referrals for, coordinating or monitoring the delivery of Medicaid covered services. Activities that function as part of a School Health Service may not be included in this category.

8.290.8 MEDICAID ADMINISTRATIVE CLAIMING REIMBURSEMENT [Eff. 02/01/2011]

- 8.290.8.A. The Participating District shall participate in a periodic CMS approved time study to determine the percentage of allowable time spent on providing Medicaid Administrative Activities.
- 8.290.8.B. The Participating District shall complete a cost report for MAC for each time study quarter the district participated in based on a reporting schedule established by the Department.
 1. The cost report shall document the Participating District's total Medicaid allowable scope of costs for providing Medicaid Administrative Activities, based on a CMS approved cost allocation methodology.
 2. If a Participating District's cost report for MAC is not submitted within the Department established reporting schedule the Participating District shall not be able to seek reimbursement for the associated period.
- 8.290.8.C. Each Participating District shall follow cost reporting procedures for MAC detailed in the Department's School Health Services Program Manual.
- 8.290.8.D. Payment
 1. Each Participating Districts cost report for MAC shall be developed into a claim by the Department and submitted to CMS for reimbursement if appropriate.

2. Reimbursement to Participating Districts that have properly submitted valid claims for MAC shall be made on a quarterly basis.

8.290.8.E. Certification of Funds

1. Each Participating District shall complete a certification of funds statement, included in the cost report for MAC, certifying the Participating District's actual, incurred costs and expenditures for providing Medicaid Administrative Activities.
2. All cost reports and claims for MAC shall be subject to an audit by the Department or its designee.